

User's Guide

Michigan Medicaid VRS - Current Eligibility

Version 2.07.00

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Overview

This transaction allows you to verify a patient's eligibility status for Michigan Medicaid Eligibility using a touch-tone phone. You can choose to listen to a spoken response describing the patient's eligibility and benefits, or you can choose to have a printed response faxed to you.

Date of Service Restrictions

- Up to one year in the past.
- No future dates.

Special Considerations

- During peak hours, you are limited to ten transactions per call. Peak hours are from 8:00 am to 11:00 am and 12:00 pm to 2:00 pm Central Time.
- In order for you to use your National Provider Identifier (NPI), the payer must be ready to accept NPI. Consult our payer lists at www.emdeon.com/PayerLists/payerlists.php for this payer's NPI-readiness status. Additionally, the payer's NPI registration requirements must be fulfilled.
- HIPAA exempt providers can continue to use their MI Provider ID# and Provider Type.

To Enter Letters

Please Note: The Michigan Medicaid Current Eligibility VRS is programmed to use the number/letter scheme displayed on the North American Classic keypad, which does not display the letters Q and Z. You must enter letters according to this scheme. Do not enter letter codes according to the North American Extended keypad scheme. See **Keypad Styles**.

To enter a letter, you must enter a two-digit code. The first digit of the code will be the number on the key cap. The second digit of the code will correspond to the position of the letter within those displayed on the key.

For example, to enter the letter **A** you press ***21** because **A** is on the number **2** key and it is the first letter appearing on that key (**ABC**).

Refer to the **Alphabetic Conversion Table** in the next column.

Other Usage Tips

1. You must call from a Touch-Tone phone with Touch-Tone dialing enabled.
2. Once you are familiar with the system, you can key ahead in response to a prompt. You need not wait until the prompt has been completely spoken to press a key or enter your response.
3. You can press ****** in response to a prompt if you want to re-enter your response to that prompt. This feature is useful if you miskey a number or letter in the middle of a response. For example, if you press ****** while keying in your provider ID, the system will expect you to re-enter your entire provider ID.

Keypad Styles

There are two kinds of telephone keypads commonly in use:

The North American Classic Keypad

This keypad omits the Q and Z from the keypad. The Michigan Medicaid VRS is programmed to interpret letter translations according to this kind of keypad.

1	2 ABC	3 DEF
4 GHI	5 JKL	6 MNO
7 PRS	8 TUV	9 WXY
*	0	#

Fig 1 - North American Classic Keypad

Use these key assignments

The North American Extended Keypad

This keypad (Fig 2) displays a Q on key 7 and a Z on key 9. **Do not** key in letter codes based on this keypad's letter/number assignment. Instead, translate as if you had a North American Classic keypad.

1	2 ABC	3 DEF
4 GHI	5 JKL	6 MNO
7 PQRS	8 TUV	9 WXYZ
*	0	#

Fig. 2 - North American Extended Keypad

Do not use these key assignments

Alphabetic Conversion Table

To enter:	Press:
A	21
B	22
C	23
D	31
E	32
F	33
G	41
H	42
I	43
J	51
K	52
L	53
M	61

To enter:	Press:
N	62
O	63
P	71
Q	11
R	72
S	73
T	81
U	82
V	83
W	91
X	92
Y	93
Z	12

Request

Step:	VRS prompt:	Your entry:
1	<i>to place the call:</i>	1.888.696.3510
2	Identify yourself as a touch-tone caller	any key on phone keypad
3	enter either your seven digit Michigan Medicaid or ten digit provider ID number	provider ID of inquiring provider # <i>If 10 byte NPI entered, go to step 5.</i>
4	enter your provider type code	two-digit Michigan Medicaid provider type code of the inquiring provider #
5	message regarding recent changes to the VRS	The system requires you to listen to this message once. If you have heard the message once, and want to skip it, press 8 #
6	choose transaction type	1 for Current Eligibility Note: See also the Michigan Medicaid Pending Eligibility and Michigan MICHILD Eligibility VRS user's guides.
7	choose search option	Press: 1 for a recipient ID search. <i>Go to step 8.</i> 2 for a Social Security number and date of birth search. <i>Go to step 11.</i> 3 for name and date of birth search or Social Security number and name search. <i>Go to step 15.</i>

Recipient ID search

8	enter the recipient ID	recipient ID #
9	enter the date of service	date of service, MMDDYY #
10	select the response type	Press: # for a spoken response. 1 for a faxed response. <i>Go to Requesting a Faxed Response (page 3) or Spoken Response (page 5).</i>

cont.

Step:	VRS prompt:	Your entry:
<i>Social Security number – date of birth search</i>		
11	enter the patient's Social Security number	Social Security number, no dashes #
12	enter the patient's birth date	date of birth, MMDDCCYY #
13	enter the date of service	date of service, MMDDYY #
14	select the response type	Press: # for a spoken response. 1 for a faxed response. <i>Go to Requesting a Faxed Response (page 3) or Spoken Response (page 5).</i>
<i>Name – date of birth search or name – Social Security number search</i>		
15	enter the patient's last name	last name <Enter>
16	enter the patient's first name	first name <Enter>
17	choose the next prompt	Press: 1 for date of birth. <i>Go to step 18.</i> 2 for Social Security number. <i>Go to step 19.</i>
18	enter the patient's birth date	date of birth, MMDDCCYY # <i>Go to step 20.</i>
19	enter the patient's Social Security number	Social Security number, no dashes # <i>Go to the next step.</i>
20	enter the date of service	date of service, MMDDYY #
21	select the response type	Press: # for a spoken response. 1 for a faxed response. <i>Go to Requesting a Faxed Response (page 3) or Spoken Response (page 5).</i>

Requesting a Faxed Response

This occurs after you choose to receive a faxed response (Request step 21).

Step:	VRS prompt:	Your entry:
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Fax number on file:

1	choose a fax number to use	Press: # to use the fax number on file. <i>Go to step 4.</i> 1 to enter a different fax number. <i>Go to step 2.</i>
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Fax number not on file or new fax number:

2	enter your fax number	your ten-digit fax number, including the area code # <i>Do not include dashes, parentheses, or a any preceding digits.</i>
3	save number as your default?	Press: 1 to save the number you just entered as your default number. # if you do not want to save the number.
4	the fax is on the way	hang up. <i>Go to Faxed Response (page 6) for a description of your faxed response.</i>

Spoken Response

The spoken response occurs after you have chosen to receive a spoken response. You can hang up at any point during the spoken response if you have heard the information you need.

Step:	VRS:	Your entry:
1	If the recipient's file is found, the VRS responds with basic information about the recipient's current eligibility status and coverage on the requested date of service. Proceed to step 2. <i>If the recipient is not on file, go to Patient Not On File (page 6.)</i>	
2	Additional information about the recipient can include the scope coverage code, the program code, county of residence, date of birth, Social Security claim number, name, and worker load information. The VRS asks you if you want to hear additional information about the recipient. The prompts vary depending on whether there is also detailed other insurance information on file. - <i>If detailed other insurance information is on file, go to step 3.</i> - <i>If detailed other insurance information is not on file, go to step 4.</i>	

If detailed other insurance information is on file:

3	Choose an option	Press: 1 to repeat the Basic Eligibility Information. <i>Return to step 1.</i> 2 to hear the additional information. <i>Go to step 5.</i> 3 to skip to detailed other insurance information. <i>Go to step 10.</i> 4 to return to the search type prompt (Request step 7) to inquire about another recipient.
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cont.

Step:	VRS:	Your entry:
<i>If no detailed other insurance information is on file:</i>		
4	Choose an option	Press: 1 to repeat the Basic Eligibility Information. <i>Return to step 1.</i> 2 to hear the additional information. <i>Go to step 5.</i> 3 to return to the search type prompt (<i>Request step 7</i>) to inquire about another recipient.
5	The VRS tells you the recipient's scope coverage code, program code, county of residence, date of birth, and Social Security Claim number (if available).	
6	Choose an option	Press: 1 to repeat the additional information just spoken. <i>Return to step 5.</i> 2 to continue. <i>Go to step 7.</i>
7	Choose an option	Press: 1 to hear the recipient's name, gender, and worker load number. <i>Go to step 8.</i> 2 to skip the recipient's name, gender, and worker load number. <i>Go to step 10 or step 13.</i>
8	The VRS spells out the recipient's name and tells you the gender and worker load number.	
9	Choose an option	Press: 1 to repeat the recipient's name, gender, and worker load number. <i>Return to step 8.</i> 2 to continue. <i>Go to step 10 or step 13.</i>
10	The VRS tells you details such as the insurer's carrier ID or insurance code, the policy number, the contract number, and the relevant service code. - <i>If insurance carrier is on file, go to step 11.</i> - <i>Otherwise, go to step 13.</i>	

cont.

Step:	VRS:	Your entry:
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More carriers on file:

11	Choose an option	Press: 1 to repeat the detailed other insurance information. <i>Return to step 10.</i> 2 to hear information about the next insurance carrier. <i>Return to step 10.</i> 3 to skip information about remaining insurance carriers. <i>Go to step 12.</i>
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No more carriers on file:

12	Choose an option	Press: 1 to repeat the detailed other insurance information. <i>Return to step 10.</i> 2 to repeat additional information about the recipient. <i>Return to step 2.</i> 3 to return to the search type prompt (Request step 7) to inquire about another recipient.
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Final prompt:

13	Choose an option	Press: 1 if you want to perform another current eligibility, pending eligibility, or MICHILD eligibility transaction. <i>(step 6 of Request).</i> Otherwise, hang up to conclude your call.
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Patient Not On File

Step:	VRS:	Your entry:
1		If the patient you identified is not in the Michigan Medicaid database, the VRS delivers a message that the patient is not on file. Proceed to step 2.
2	Choose an option	Press: 1 to repeat the Not on File message. Return to step 1. 2 to return to the search type prompt (Request step 7) to search using another method, or to inquire about another recipient. Otherwise, hang up to conclude your call.

Faxed Response

The following section describes each section of information that your payer can return. Individual responses can vary in content.

Status

Closed - The recipient is eligible or is on file. Read the response for clarification.

Retry - The recipient is ineligible or is not on file, or you entered invalid information, or Emdeon did not receive a valid standard response. Read the message in the response for clarification.

Error - A communications-related error or error of greater severity occurred. Read the message in the response for clarification.

Indicators

This information appears on the top of the report. The indicators show the following:

Medicaid - Indicates the recipient's eligibility status for Michigan Medicaid on the requested date of service.

Y = recipient is eligible.

TPL - Indicates whether the recipient has third party coverage information on file

Y = Yes

N = No

Medicare - Indicates whether the recipient has Medicare coverage:

Y = Yes

N = No

Input and Response Information

The input area shows the data you sent in the request. The response area displays what the payer actually has on file. This arrangement enables you to verify what you entered against what is on file.

An asterisk to the left of an input field indicates that the mirrored response data did not match your input data.

The following response fields are displayed:

Patient's Michigan recipient ID.

Patient's date of birth.

Patient's last name.

Patient's first name.

Medicaid Information

Recipient's middle initial.

Recipient's gender.

Whether recipient has a deductible.

Recipient's Medicare HIC number.

Recipient's caseload number:

Digits 1 and 2 = District

Digits 3 and 4 = Section

Digits 5 and 6 = Unit

Digits 7 and 8 = Worker

Eligibility

Date of service in your inquiry

County of residence

DHS service county (current, regardless of requested dates of service)

DHS office phone

Recipient's scope code and coverage status; the first digit is the scope code and the second is the coverage status code.

Scope and coverage description

PAMA (public assistance program)

Family's DHS case number

Level of Care

Begin and end dates in your inquiry

Level of care code and description:

- Code 06 will not include a description. This code indicates either State Medical Program or Adult Benefits Waiver Program.
- Code 14 will not include the Provider ID or the address. Only the name and phone number will appear in the response.

Provider ID, provider type, name, address, and telephone number of the managed care or health plan provider.

Please Note: If the patient is receiving nursing home services, is on the Prior Authorization Control Mechanism, or is in a hospice program, then the provider's National Provider Identifier (NPI) is returned as the Managed Care or Health Plan Provider ID but the provider type is *not* displayed. If the State of Michigan does not have the provider's NPI on file, then the Managed Care or Health Plan Provider ID will not be returned.

If the patient is enrolled in an HMO or a county health plan, then the provider's

seven-digit Legacy provider ID is returned as the Managed Care or Health Plan Provider ID and provider type is returned.

Additional important message information from the provider (Attn):
Dollar amount that the recipient is required to pay each month

CSHCS Enrollment

Concerns Children's Special Health Care Services program enrollment.

Begin and end dates in your inquiry
Provider message

MOMS

Concerns the Maternity Outpatient Medical Services.

Begin and end dates of MOMS coverage
MOMS coverage code and description

Dental

Begin and end dates of dental coverage
Dental program code and description
Phone number of dental insurance payer

IMPORTANT: If the patient belongs to an HMO (Level of Care Code 07), then the HMO's name and telephone number will appear instead of the dental program code and description and the dental insurance payer's telephone number. In this instance, you must call the HMO provider to authorize dental services.

Medicaid Health Plan PCP

The Medicaid Health Plan PCP section of the response can occur only if the requested beginning and ending dates of service are the same as the date on which you submitted the inquiry. It displays information about the recipient's primary care physician. It is possible that the recipient may have more than one primary care physician (PCP) per plan, and also, that a recipient may erroneously be a member of more than one plan, resulting in multiple occurrences of this section. Details can include:

Name of Medicaid health plan
Name of PCP
PCP's telephone number
Related message

Third Party Liability

Note: Medicare information (including parts C and D) will appear in this section.

Begin and end dates of third party coverage
Third party control number
Carrier ID (assigned to private health insurance by Michigan Medicaid Revenue and Reimbursement Division)
Carrier Name
Contact information (where claims should be sent)
Policy number
Policyholder name and contract (ID) number
Contract number; for Medicare, will be the recipient's Medicare HIC number.
Coverage and benefit parameters
Policyholder's employer
Description of other insurance
Scope of health coverage the recipient has with the carrier.

Error Messages

Transaction-related error messages begin with CL, HT, or RH, followed by a number and a line or so of text. Most messages are self-explanatory.

The following messages relate to the recipient's eligibility:

HT0033 – Recipient Not Eligible: The recipient is not eligible for Michigan Medicaid on the dates of service that you entered.

HT0502 – Invalid/Missing Provider ID. Go to www.michigan.gov/mdch (click on "Providers", then "NPI") for more information.

The provider ID that was sent with the transaction was a 7 byte Legacy Provider ID and you must use your National Provider Identifier (NPI) with Michigan Medicaid. If you have not registered your NPI with Michigan Medicaid, go to www.michigan.gov/mdch (click on **Providers**, then **NPI**) for more information.

HT0619 – Recipient Not Eligible. If Recipient Regains Eligibility For DOS, Then Recipient May Be Enrolled In QHP: The recipient is not eligible for Medicaid on the dates of service that you entered, but if he/she regains eligibility for the date of service, then the recipient may be enrolled in QHP (Qualified Health Plan).

HT0744 – Recipient Not Eligible. No Medicaid — Low Income Medicare: the recipient is not eligible for Medicaid, but he/she has Low Income Medicare coverage.

HT0745 – Recipient Not Eligible. No Medicaid — Medicare CoIns/Ded Only: the recipient is not eligible for Medicaid, but he/she has Medicare co-insurance and a deductible.

HT0747 – Recipient Not Eligible. Medicare Part B Only: the recipient is not eligible for Medicaid, but he/she has Medicare Part B coverage.

For a comprehensive description of all error messages, see the document **Dictionary of Transaction Error Messages**, available from http://www.emdeon.com/Physicians/physicians_support/document_library.php.

Michigan Provider Inquiry Line

1.800.292.2550